19/520 ed PCT/PTO 33 ATTORNEY ATTORNEY NUMBER

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(includes Reference to PCT International Applications)

PHNL020584 US

As a below nar	med inventor, I he	ereby declare that:		
My residence,	post office addres	ss and citizenship are as stat	ed next to my name.	
plural names a entitled: "Met	re listed below) o		name is listed below) or an original, firs claimed and for which a patent is soug flector"	
☐ is attached	hereto.			
☐ was filed as	s United States ar	pplication		
Serial No				1
on				
and was amen	ded			
on				
⊠ was filed as	s PCT internations	al application		4)
Number PCT	/IB03/02867			
On 23 J ı	une 2003			
and was amen	ded under PCT A	article 19		
on				(if applicable).
		ved and understand the conte endment referred to above.	ents of the above-identified specificatio	n, including the
	the duty to disclo		erial to the examination of this application	on in accordance with
or inventor's ce States of Amer any PCT intern	ertificate or of any rica listed below a national applicatio	PCT international application and have identified below any on (s) designating at least one	States Code, § 119 of any foreign approns; designating at least one country or foreign application(s) for patent or invocuntry other than the United States of the application(s) of which priority is constant.	ther than the United entor's certificate or of America filed by me
PRIOR FOREI	GN/PCT APPLIC	ATION(S) AND ANY PRIOR	ITY CLAIMS UNDER 35 U.S.C. 119:	
COU	NTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe		02077678.7	5 July 2002	YES
	<u> </u>			
			DEPARTMENT OF COMMERCE DAY	1

1	•				
		n For Patent Application and T International Applications)	Power of Attorney (Continued)	Attorneys Docket Number PHNL020584 US
POW all bus	ER OF ATTORNE siness in the Patent a	Y: As a named inventor, I hereby againd Trademark Office connected the	ppoint the following attorney(s) and/or rewith. (List name and registration nu	agent(s) to pro mber)	osecute this application and transact
Mich	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F			Direct Telepho (name and tele (914)332-02	ephone number)
	FULL NAME OF INVENTOR	FAMILY NAME PEETERS	FIRST GIVEN NAME Martinus		SECOND GIVEN NAME Petrus Joseph COUNTRY OF CITIZENSHIP
201	RESIDENCE & CITIZENSHIP	CITY Eindhoyen	The Netherlands	STATE OR FOREIGN COUNTRY The Netherlands CITY 5656 AA Eindhoven	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove		
	FULL NAME OF INVENTOR	FAMILY NAME DE BOER	Dirk		
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUN The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands STATE & ZIP CODE/COUNTRY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	5656 AA Eindhoven	
-	FULL NAME OF INVENTOR	FAMILY NAME JOHNSON	FIRST GIVEN NAME Mark		SECOND GIVEN NAME Thomas COUNTRY OF CITIZENSHIP
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	The Netherlands		
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	J	5656 AA Eindhoven	
204	FULL NAME OF INVENTOR	FAMILY NAME DOORNKAMP	FIRST GIVEN NAME , Ciska	Ciska	
	RESIDENCE & CITIZENSHIP	CITY Eindhoven		STATE OR FOREIGN COUNTRY The Netherlands	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhove	5656 AA Eindhoven	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
	DNG de Bar	M.T.Z
DATE	DATE . 24 March 2004	DATE 24 March 2004
SIGNATURE OF INVENTOR 204		
Corner		
DATE		

24 March 2004

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATT (includes Reference to PCT International Applications)

ATTORNEY'S NUMBER PHNL020584 US

As a below named inventor, I h	nereby declare that:				
My residence, post office address and citizenship are as stated next to my name.					
	of the subject matter which is	name is listed below) or an original, firs claimed and for which a patent is sougl flector"			
is attached hereto.					
☐ was filed as United States a	application		·		
Serial No			11		
on					
and was amended					
on					
	nal application		*		
Number PCT/IB03/02867					
On 23 June 2003					
and was amended under PCT	Article 19				
on			(if applicable).		
I hereby state that I have review claims, as amended by any arr		nts of the above-identified specification	n, including the		
I acknowledge the duty to discl Title 37, Code of Federal Regu		rial to the examination of this applicatio	on in accordance with		
or inventor's certificate or of an States of America listed below any PCT international applicati	by PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign applin(s) designating at least one country of foreign application(s) for patent or invector than the United States of the application(s) of which priority is cl	her than the United entor's certificate or f America filed by me		
		TY CLAIMS UNDER 35 U.S.C. 119:			
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	02077678.7	5 July 2002	YES		
	115	DEPARTMENT OF COMMERCE -Patent a	nd Trademarks Office		

(includ	les Reference to PC	n For Patent Application and Por T International Applications)	· · · · · · · · · · · · · · · · · · ·		Attorneys Docket Number PHNL020584 US
POW all bus	ER OF ATTORNE siness in the Patent a	Y: As a named inventor, I hereby appoin and Trademark Office connected therewi	nt the following attorney(s) and/ th. (List name and registration r	or agent(s) to prose number)	ecute this application and transact
Mich	E. Haken, Reg. ael E. Marion, R ard M. Blocker, F	eg. No. 32,266		Direct Telephone (name and telep (914)332-022	hone number)
	FULL NAME OF INVENTOR	FAMILY NAME PEETERS	FIRST GIVEN NAME Martinus		SECOND GIVEN NAME Petrus Joseph
201	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COU The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhov		STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DE BOER	FIRST GIVEN NAME Dirk		SECOND GIVEN NAME Kornelis Gerhardus
202	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COU The Netherlands		COUNTRY OF CITIZENSHIP The Netherlands
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhoven		STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME JOHNSON	FIRST GIVEN NAME Mark		SECOND GIVEN NAME Thomas
203	RESIDENCE & CITIZENSHIP	CITY Eindhoven	STATE OR FOREIGN COUNTRY The Netherlands		COUNTRY OF CITIZENSHIP Great Britain
	POST OFFICE ADDRESS	POST OFFICE ADDRESS Prof. Holstlaan 6	5656 AA Eindhov		STATE & ZIP CODE/COUNTRY The Netherlands
	FULL NAME OF INVENTOR	FAMILY NAME DOORNKAMP	FIRST GIVEN NAME		SECOND GIVEN NAME

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Ciska

CITY

STATE OR FOREIGN COUNTRY

5656 AA Eindhoven

The Netherlands

DOORNKAMP

POST OFFICE ADDRESS

Prof. Holstlaan 6

Eindhoven

CITY

RESIDENCE &

CITIZENSHIP

POST OFFICE

ADDRESS

204

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
DATE	DATE	DATE
15 March 2004		
SIGNATURE OF INVENTOR 204		
DATE		

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

COUNTRY OF CITIZENSHIP

STATE & ZIP CODE/COUNTRY

The Netherlands

The Netherlands

PTO/SB/80 (12-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used) Name Registration Number Registr	I hereby appoint:					
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Name Registration Number	Thereby appoint;					
as altomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 RA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Aktorney is to be filled. Signature of Assignee of Record The individual whose signapare and title is supplied below is authorized to act on behalf of the assignee dare. Bignature Matthieu van Kapar	The state of the s		247	38		
as altomey(s) or egent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Aktorney Isto be filed. Signature Matthieu van Kaput Bignature Date Amulia Lock						
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioner appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney Isto be filed. SIGNATURE of Assignee of Record The individual whose signapare and title is supplied below is authorized to act on behalf of the assignee Batter Matthieu van Kapar	Practitioner(s) named below (if more than ten patent p	practitioners	are to be named,	then a custor	mer numl	ber must be used):
as attomey(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signature and title is supplied below is authorized to act on behalf of the assignee tare Matthieu van Kapu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. Signature of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapu			·			
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapu	·					
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kabu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kabu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kabu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kabu						
Assignee Name and Address: Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) authorized to act on behalf of the assignee, and must identify the application in which this Power of The individual whose signapire and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapu						
Koninklijke Philips Electronics N.V. Groenewoudseweg 1 5621 BA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee ignature Matthieu van Kapan Date Amilla Lock	any and all patent applications assigned only to the undersigned attached to this form in accordance with 37 CFR 3.73(b).	e the United ned accordin	States Patent and ng to the USPTO a	Trademark (ssignment re	Office (U: cords or	SPTO) in connection w assignment document:
Groenewoudseweg 1 5621 RA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of the individual whose signature and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapin Matthieu van Kapin Date Date A Milla Look	Assignee Name and Address:					
Groenewoudseweg 1 5621 RA Eindhoven, The Netherlands A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of the individual whose signature and title is supplied below is authorized to act on behalf of the assignee Matthieu van Kapin Matthieu van Kapin Date Date A Milla Look	Voninklijing Didata og					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is nuthorized to act on behalf of the assignee, and must identify the application in which this Power of the individual whose signature and title is supplied below is authorized to act on behalf of the assignee arms. Matthieu van Kapu Date Amil La Looy	Groenewoudseweg 1	N.V.				
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is equired to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) nay be completed by one of the practitioners appointed in this form if the appointed practitioner is natherized to act on behalf of the assignee, and must identify the application in which this Power of attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee and in the individual whose signature and title is supplied below is authorized to act on behalf of the assignee in the individual whose signature and title is supplied below is authorized to act on behalf of the assignee in the individual whose signature and title is supplied below is authorized to act on behalf of the assignee in the individual whose signature and title is supplied below is authorized to act on behalf of the assignee in the individual whose signature and title is supplied below is authorized to act on behalf of the assignee in the individual whose signature and title is supplied below is authorized to act on behalf of the assignee in the individual whose signature and title is supplied below is authorized to act on behalf of the assignee.	5621 BA Eindhoven. The Netherla	nde				
nay be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of a lighter than the individual whose signature and title is supplied below is authorized to act on behalf of the assignee arms. Matthieu van Kapun Date Date A Willia Lood	The real training	IMS				
nay be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of a lighter than the individual whose signature and title is supplied below is authorized to act on behalf of the assignee arms. Matthieu van Kapun Date Date A Willia Lood						
may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of a signature and title is supplied below is authorized to act on behalf of the assignee arms. Matthieu van Kapu Date Amil La Loog						
nay be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee ignature Matthieu van Kapu						
may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee lignature Matthieu van Kappi Date A Willia Lood	A copy of this form, together with a statement	under 37	CFR 3.73(b) (I	Form PTO	/SB/96	or equivalent) is
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee arms Ignature Date Attorney Isto be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee arms Date A Wil La Looy						
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee lame Matthieu van Kapun ignature Date A Willia Loo4		d must id	entify the app	i the appo lication in	vintea j v which	practitioner is this Power of
In a individual whose signature and title is supplied below is authorized to act on behalf of the assignee large Matthieu van Kappi ignature Date / Awil La Loo4	totality lete be med.					
ignature Date /1 Will 4 2004	SIGNATUR The individual whose signature and title is s	RE of Assig supplied bel	mee of Record ow is authorized to	act on beha	lf of the	assignee
Ignature Date /A Willia 2004	ame Matthieu van Kamm					
TIE 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ignature // hum		T	Date	42	illa Porte
Authorized Representative Telephone (914) 333-9600 As collection of information is required by 37 CPR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the studing gathering, preparing, and submitting by completed application form to the USPTO. Time will vary depending upon the individual season.	Authorized Representative			Telephone	1(914)	333-9600

This collection of information is required by 37 (IPR 1.31 and 1.33. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete with form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DT15 POWER SWIPTO TO 3 JAN 2005

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner:	Koninklijke Philips Electronics N.C.					
Application No./Patent No.:	Concurrently	Filed/Issue Date:	Concurrently			
Entitled:	Method of manufac	cturing a diffusing re	eflector			
Koninklijke Philips Electron states that it is:	ics N.V., a corporation	<u>on</u>				
 the assignee of the e an assignee of less the anti-designee of less the anti-designee of less the application of the patent application of the patent application of the extent application of the patent application of the extent application of the extent of	nan the entire right, t ntage) of its ownersh	itle and interest. hip interest is9	%			
A. An assignment from above. The assignment office at Reel,	ent was recorded in t	the United States Pa	atent and Trademark			
B. A chain of title fro above, to the current	m the inventor(s), of assignee as shown I	the patent application	on/patent identified			
The document wa	 From To: The document was recorded in the United States Patent and Trademark Office at Reel, Frame, or for which a copy thereof is attached. 					
			and Trademark Office s attached.			
			nd Trademark Office s attached.			
☐ Additional docume	ents in the chain of tit	le are listed on a su	pplemental sheet.			
Copies of assignments or other documents in the chain of title are attached. [Note: A separate copy (<i>i.e.</i> , the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]						
The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.						
Date 1/3/05	Title:	Simons, Reg. No. Patent Attorney (408) 474-9075	45,110			